



# OPERATIONS AUTHORIZATION APPLICATION

## *Canada Oil and Gas Operations Act (COGOA)*

Please read carefully – Important information to know in completing this form

This form and any future documents you file with the Canada Energy Regulator (CER) will appear in the CER's online public registry, meaning that your personal information and the documents themselves can be accessed and viewed by the public.

To file your completed form, please complete the following steps:

Note: The CER does not accept filing by email

1. The preferred method for filing your form and supporting documentation is online through the CER's e-filing tool (<https://apps.cer-rec.gc.ca/efile/ElectronicDocumentSubmission.aspx>). Step-by-step instructions are provided in the e-filing tool itself. Documents filed through the e-filing tool must be in PDF format.

Once a filing is made through the e-filing tool, you will receive a filing receipt via email with instructions regarding providing the CER with a signed copy of your receipt and form.

If you are unable to use the e-filing tool, you can fax this form and supporting documentation to 403-292-5503 or 1-877-288-8803 (toll-free).

2. You must also mail or courier three (3) copies of the form and supporting documents along with an electronic version on CD/DVD (.pdf preferred) as official records to the following:

**Chief Conservation Officer  
Canada Energy Regulator  
Suite 210, 517 Tenth Avenue SW  
Calgary, AB T2R 0A8**

For any questions about this form or filing it, contact us Toll Free at 1-800-899-1265.

**The form starts on the next page**



## OPERATIONS AUTHORIZATION APPROVAL APPLICATION - COGOA

This application is submitted under paragraph 5(1)(b) of the *Canada Oil and Gas Operations Act* (R.S.C., 1985, c. O-7)

### Part A – Authorization Type

Name of Operator:

Hereby applies for authorization of a proposed:

If Other, specify:

### Part B – Licence Information

Licence Type.

Licence Number:

CER Operating Licence No.

Region:

Field:

Anticipated date of commencement:

Proposed Duration                      months

Scope of Work:

### Part C - Responsible Officer of Company

I certify that the information provided on this form is true and correct

Name:

Title:

Operator:

Email

Phone

Signature

Date